

**SENDER: COMPLETE THIS SECTION****COMPLETE THIS SECTION ON DELIVERY**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

L.V. Stabler Memorial Hospital  
 29 L.V. Stabler Drive  
 Greenville, Alabama  
 36037

## A. Signature

*Brenda Whitney*  Agent  
 Addressee

## B. Received by (Printed Name)

*Brenda Whitney* *11-3-06*  Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

*200CV-717-1D*

## 3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

## 2. Article Number

(Transfer from service label)

*70016 0810 00016 5914 0715*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540